

SAMPLE SEIZURE MANAGEMENT PLAN

HEALTH CARE PLAN ISSUE:

Maintain Optimal Seizure Management

ISSUE CLARIFICATION:

Jane has a history of experiencing seizures. Jane's seizure types are of the Tonic/Clonic type, and she has been demonstrating three variations of seizure activity.

- 1. Rasping breath, arms extending, and crying out**
- 2. Eyes rolling up and generalized twitching and jerking**
- 3. Alert with rhythmic jerking**

Jane has been averaging 2 to 3 seizures per month. Seizure length has averaged 20 seconds to 1 minute with most being around 20 to 30 seconds in length.

Jane experienced increased seizure activity last spring related to an urinary tract infection and on two other occasions demonstrated increased seizure activity for a week (then settled back to regular seizure pattern) or so with no demonstrated cause.

Jane is presently on Frisium (Clobazam) and Carbamazepine (Tegretol).

***Jane's history shows that seizure activity tends to increase if she is experiencing an infection.**

IMPLEMENTATION:

- Support staff will administer daily-prescribed anti-seizure medication via Jane's Gtube.
- Support staff will monitor and document all observed seizure activity.
- Staff will support Jane during a seizure with general and person specific seizure management. See attached seizure protocol.
- Anti-seizure blood levels should be checked every 6 months and more often if indicated (i.e. increased seizure activity, toxicity signs, dosage changes). Person in charge will keep track of blood level due dates.

TRAINING IMPLICATIONS:

- All support staff will be trained by RN in seizure management.
- All support staff will be trained by RN in Jane's seizure medications, including side effects and signs and symptoms of toxicity.
- All support staff will be trained by RN in Jane's person specific seizure types and signs and symptoms.
- All support staff will be trained in proper documentation of Jane's seizure activity.